

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO 10825240 FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		X				
2		X				
3		X				
4		X				
5						
6		X				
7						
8						
9						
10		X				
11		X				
12		X				
13		X				
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23				X		
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	12		7			
TOTAL CLAIMS	13		9			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						